

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Room 450

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

RECEIVED

DATE

2009 FEB 10 PM 1:18

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual Sanchez Ernesto A. ☒ Other National Covering Kids & Families
Last Name First Name Name
1127 Connecticut Avenue NW Washington DC 20036
Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name \$ Amount Name \$ Amount

3. Payment Information

Date and Amount of Payment (other than travel) \$ (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Washington, DC

1/26/09-1/28/09 \$ 409.4 \$ 409.92 \$ 102.00 \$ 921.32
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

National Conference on successful outreach, enrollment and retention strategies for uninsured children and families. CA attended to provide information on its outreach, enrollment and retention efforts and to also network with national colleagues to share information.

Identify the officials for whom the payment was used:

Sanchez Ernesto A. Deputy Director Eligibility & Enrollment
Last Name First Name Title Department/Division
Last Name First Name Title Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Janette Lopez Chief Deputy Director 2/4/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)